

I hereby certify that this correspondence is being deposited with the U.S. Post Office as first class mail on the date shown below in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

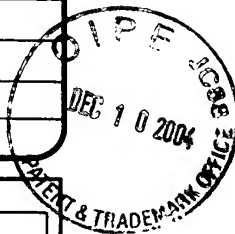
Date: 12/7/04 Elizabeth A. Levy

PTO/SB/122 (05-03)
Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
are required to respond to a collection of information unless it displays a valid OMB control number.

CHANGE OF CORRESPONDENCE ADDRESS Application

Address to:
Commissioner for Patents
P.O. Box 1450, Alexandria, VA 22313-1450

Application Number	10/608,400
Filing Date	June 27, 2003
First Named Inventor	Michael J. Pugia
Art Unit	1743
Examiner Name	
Attorney Docket Number	MSA-3453



Please change the Correspondence Address for the above-identified application to:

☐

Customer Number

Type Customer Number here

Place Customer
Number Bar Code
Label here

OR

☒

Firm or
Individual Name

Elizabeth A. Levy

Address

Bayer HealthCare LLC

Address

Two Edgewater Drive

City

Norwood

State

MA

ZIP

02062-4637

Country

USA

Telephone

781-269-3876

Fax

781-269-3885

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the :

☐

Applicant/Inventor.

☐

Assignee of record of the entire interest.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒

Attorney or Agent of record.

☐

Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

Typed or Printed
Name

Elizabeth A. Levy

Signature

Elizabeth A. Levy

Date

December 7, 2004

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒

*Total of 1 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.